



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/7000010
Filing Date: November 3, 2003
Applicant: Ronald D. Holliday
Group Art Unit: 3723
Examiner: [Unknown]
Title: RETAINER CLIP
Attorney Docket: 4234-000009

Mail Stop Non-Fee Amendment
Director of The United States Patent and Trademark Office
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PRELIMINARY AMENDMENT

Sir:

Prior to examination of the present application, please consider the following.

Amendment to the Claims begin on page 2 of this paper.

Remarks begin on page 10 of this paper.

06-07-04

HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

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|---|----|------------------------|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/700,010 |
| | | Filing Date | November 3, 2003 |
| | | First Named Inventor | Ronald D. Holliday |
| | | Group Art Unit | 3723 |
| | | Examiner Name | Unknown |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | 4234-000009 |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|----------------------------------|---------------|----------------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name | Joseph R. Papp |
| Reg. No. | 20115 | | |
| Signature | | | |
| Date | April 6, 2004 | | |

| CERTIFICATE OF MAILING/TRANSMISSION | | | |
|---|----------------|------------------------|------------------------------|
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| Signature | | Date | April 6, 2004 |

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